

105TH CONGRESS
2D SESSION

H. R. 3538

To amend title XXVII of the Public Health Service Act to limit the amount of any increase in the payments required by health insurance issuers for health insurance coverage provided to individuals who are guaranteed an offer of enrollment under individual health insurance coverage relative to other individuals who purchase health insurance coverage.

IN THE HOUSE OF REPRESENTATIVES

MARCH 24, 1998

Mr. PALLONE (for himself and Mr. GREEN) introduced the following bill;
which was referred to the Committee on Commerce

A BILL

To amend title XXVII of the Public Health Service Act to limit the amount of any increase in the payments required by health insurance issuers for health insurance coverage provided to individuals who are guaranteed an offer of enrollment under individual health insurance coverage relative to other individuals who purchase health insurance coverage.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Affordable Health In-
5 surance Act of 1998”.

1 **SEC. 2. AMENDMENTS TO THE PUBLIC HEALTH SERVICE**
2 **ACT.**

3 (a) PREMIUM LIMITATIONS WITH RESPECT TO INDIVIDUAL
4 COVERAGE.—Section 2741 of the Public Health
5 Service Act (42 U.S.C. 300gg–41) is amended—

6 (1) by redesignating the second subsection (e)
7 and subsection (f) as subsections (f) and (g), respectively; and

8 (2) by adding at the end thereof the following:

9 “(h) PREMIUM LIMITATIONS.—

10 “(1) IN GENERAL.—With respect to an eligible
11 individual desiring to enroll in, or renew, individual
12 health insurance coverage under this section, the
13 health insurance issuer that offers such coverage
14 shall not charge such individual a premium rate for
15 such coverage that is higher than a rate equal to
16 150 percent of the average standard risk rate (as
17 determined under paragraph (2)) of the issuer for
18 individual health insurance offered in the State or
19 applicable marketing or service area (as determined
20 pursuant to regulations).

21 “(2) AVERAGE STANDARD RISK RATE.—As used
22 in paragraph (1), the term ‘average standard risk
23 rate’ means the following:

24 “(A) GUARANTEED ISSUE OF ALL POLICIES.—In the case of a health insurance issuer
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1 that meets the requirements of this section with
2 respect to individual health insurance coverage
3 by meeting the requirements of subsection
4 (a)(1), the standard risk rate for the policy in
5 which the eligible individual is enrolled or de-
6 sires to enroll.

7 “(B) GUARANTEED ISSUE OF TWO MOST
8 POPULAR POLICIES.—In the case of a health in-
9 surance issuer that meets the requirements of
10 this section with respect to individual health in-
11 surance coverage through a mechanism de-
12 scribed in subsection (c)(2), the standard risk
13 rate for the policy in which the eligible individ-
14 ual is enrolled or desires to enroll.

15 “(C) GUARANTEED ISSUE OF TWO POLICY
16 FORMS WITH REPRESENTATIVE COVERAGE.—In
17 the case of a health insurance issuer that meets
18 the requirements of this section with respect to
19 individual health insurance coverage through a
20 mechanism described in subsection (c)(3), the
21 average of the standard risk rates for the most
22 common policy forms offered by the issuer in
23 the State or applicable marketing or service
24 area (as determined pursuant to regulations),
25 established using reasonable actuarial tech-

1 niques to adjust for the difference in actuarial
2 values among such policy forms, subject to re-
3 view and approval or disapproval of the applica-
4 ble regulatory authority.

5 (b) STATE FLEXIBILITY.—Section 2744(c) of the
6 Public Health Service Act (42 U.S.C. 300gg–44(c)) is
7 amended—

8 (1) in paragraph (1), by inserting before the pe-
9 riod the following: “, except that in applying any
10 such model act, an eligible individual shall not be
11 charged a premium rate that is higher than a rate
12 equal to 150 percent of the standard risk rate of the
13 issuer”;

14 (2) in paragraph (2)(B), by inserting before the
15 period the following: “, except that an eligible indi-
16 vidual shall not be charged a premium rate that is
17 higher than a rate equal to 150 percent of the
18 standard risk rate as determined under the Model
19 Plan”; and

20 (3) by adding at the end the following:

21 “(4) LIMITATION.—

22 “(A) IN GENERAL.—In the case of a mech-
23 anism described in subparagraph (A) or (B) of
24 paragraph (3), a State shall not be considered
25 to be implementing an acceptable alternative

1 mechanism unless the mechanism limits the
2 amount of premium rates that may be charged
3 to eligible individuals to not more than 150 per-
4 cent of the standard risk rate.

5 “(B) STANDARD RISK RATE.—For pur-
6 poses of subparagraph (A), the term ‘standard
7 risk rate’ means—

8 “(i) in the case of a mechanism under
9 paragraph (3)(A), and as determined by
10 the Secretary to be appropriate with re-
11 spect to the State mechanism involved—

12 “(I) the rate determined under
13 section 2741(h)(2)(A);

14 “(II) the rate determined pursu-
15 ant to the standards included in the
16 Model Plan described in paragraph
17 (2)(B); or

18 “(III) the rate determined pursu-
19 ant to such other method of calcula-
20 tion as determined by the State and
21 approved by the Secretary as appro-
22 priate to achieve the goal of this sub-
23 section; and

1 “(ii) in the case of a mechanism
2 under paragraph (3)(B), the rate deter-
3 mined under section 2741(h)(2)(A).”.

4 **SEC. 3. EFFECTIVE DATE.**

5 The amendments made by—

6 (1) section 2(a) shall apply to health insurance
7 coverage offered, sold, issued, renewed, in effect, or
8 operated in the individual market on the date that
9 is 6 months after the date of enactment of this Act;
10 and

11 (2) section 2(b) shall apply with respect to a
12 State that adopted an alternative mechanism under
13 section 2744 of the Public Health Service at (42
14 U.S.C. 300gg-44) on the date that is 1 year after
15 the date of enactment of this Act.

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